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7590

03/17/2004

Mark G. Lappin
 McDERMOTT WILL & EMERY LLP
 28 State Street
 Boston, MA 02109



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Erin M. Olson	(Depositor's name)
<i>Erin M. Olson</i>	(Signature)
14 June 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/863,178	05/23/2001	Don Organ	56335-017 (L1XL-117)	9637

TITLE OF INVENTION: SYSTEM FOR AND METHOD OF PERFORMING DEVICE-ORIENTED TESTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BARAN, MARY C	2857	702-118000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LTX Corporation

Westwood, MA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1133 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Brian J. Colandreo, Reg. No.: 42,427

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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06/17/2004 STEUML2 00000042 501133 09863178

01 FC:1501 1330.00 DA

02 FC:1504 300.00 DA

03 FC:8001 30.00 DA

TRANSMIT THIS FORM WITH FEE(S)



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Organ et al. ✓
Serial No. 09/863,178 ✓
Filing Date: May 23, 2001 ✓
Title: SYSTEM FOR AND METHOD OF PERFORMING DEVICE-ORIENTED
TESTS ✓
Docket No. 56335-017 / LTXL-117 ✓

Examiner: Baran, Mary C. ✓
Art Unit: 2857 ✓

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Sir:

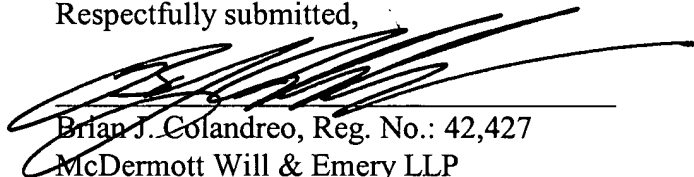
TRANSMITTAL OF ISSUE FEE

Applicants transmit herewith the following documents in the above-identified application:

- 1) Issue Fee Transmittal - Form PTOL-85B (in duplicate);
- 2) Return postcard.

Please charge the Issue Fee (\$1330), Publication Fee (\$300) and Advance Order Copies (\$30) for a total of \$1660, or credit any over payment, to Deposit Account No. 50-1133. A duplicate of this letter is enclosed to facilitate this.

Respectfully submitted,




Brian J. Colandreo, Reg. No.: 42,427
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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to M.S. Issue Fee, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

Date: 6/14/04



Erin M. Olson